



**HAMPTON BUSINESS INCENTIVES
CORPORATION
DOWNTOWN HAMPTON/PHOEBUS
LOAN PROGRAM**

BORROWER'S LOAN APPLICATION

1. **Applicant(s) Information:**

Applicant's Legal Name: _____

Mailing Address: _____

Telephone Number: (____) _____ Fax Number: (____) _____

E-mail address: _____ Social Security Number _____

Co-applicant's Legal Name: _____

Mailing Address: _____

Telephone Number: (____) _____ Fax Number: (____) _____

E-mail address: _____ Social Security Number _____

2. **Business/Organization Information**

Sole Proprietor _____ Partnership _____ Limited Liability Company _____

Corporation _____ Date and State of Incorporation: _____

Business Name _____

Business Mailing Address _____

Business Telephone Number (____) _____

Business Fax Number (____) _____

Business E-Mail Address _____

Contact Person(s): _____ Title: _____

_____ Title: _____

3. **Management**

List all owners, officers, directors and general partners of the Applicant business. List all stockholders or limited partners owning 20% of more interest in the Applicant business.

<i>Full Name</i>	<i>Address</i>	<i>Office Held</i>	<i>Partnership or Stock Ownership</i>
<i>1.</i>			
<i>2.</i>			
<i>3.</i>			
<i>4.</i>			
<i>5.</i>			
<i>6.</i>			
<i>7.</i>			

- A. Has the Applicant any of the persons listed above ever been charged with, or convicted of, any criminal offense, other than a minor motor vehicle violation?
- C. Has the Applicant or any person listed above declared bankruptcy or had any judgement, repossessions, garnishments or other legal proceedings filed against them?
- D. Has the Applicant or any person listed above obtained credit under another name?
- E. Are any tax obligations, including payroll taxes, past due?
- F. Are you currently a defendant in any suit or legal action?

4. **Eligibility Criteria:**

Does the applicant have 250 or fewer employees? Yes_____ No_____

Total number of full-time employees or full-time equivalent _____

Does the applicant meet the definition of a small business in accordance to the guidelines established by the U. S. Small Business Administration? Yes_____ No_____

Is the applicant's business located in the Downtown Hampton Business Improvement District boundaries or the boundaries established by the Downtown Phoebus Plan, Hampton, Virginia? Yes_____ No_____

5. **Project Representatives:**

A. Applicant's Regular Bank(s) or Lending Institution (Name, address & phone number):

B. Probable other Lender(s) for this Project:

C. Project Contractor, if any:

6. **Collateral:**

Please provide information on any tangible asset(s) you are offering as collateral.

Type_____ Year_____ Current Value_____

General Information:_____

7. **Project Summary:**

Please provide a brief narrative description of the purpose for which the loan funds will be used.

8. **Required Information:**

The application will not be considered complete unless the following items are submitted with the application form:

_____ Business Plan, if business is less than two years old.

_____ A signed and current personal financial statement for each stockholder, partner and owner with a 20% or greater interest in the business entity that will use the loan proceeds.

_____ Applicant's annual financial statements (balance sheet, income statement, tax returns) for the past three fiscal years. Current year financial statements must be current within sixty (60) days.

_____ Cash flow projections for the next two years.

_____ \$15 Application Fee

The applicant represents that it understands the conditions of this application, that there is no guarantee of approval and that all statements and information furnished with this application or on supporting papers are true and correct to its best knowledge and belief. Furthermore, I have provided all requested documentation along with a check in the amount of \$15 to process my application.

In Witness whereof, the undersigned being duly authorized to do so, have/has signed this Application.

(Corporation, Partnership,
Limited Liability Company)

Name of Applicant Business

By

(Title)

Sole Proprietorship or
Individual

WITNESS: _____

Address:

City _____

State _____

WITNESS: _____

Address:

City _____

State _____

Submit applications to:

Department of Retail Development
City of Hampton
Shelly M. Weidenhamer
2 Eaton Street, Suite 600A
Hampton, Virginia 236669
(757) 727-6077

(757) 727-6161